

FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name U.S. Chamber of Commerce
(b) Address (number and street) ☐ check if different than previously reported
1615 H Street N.W.
(c) City, State and ZIP Code Washington, DC 20062
(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2. FEC Identification Number
C30001101

3. Is This Statement ☒ New or ☐ Amended
4. Covering Period 10 15 2010 through 10 20 2010

5. (a) Date of Public Distribution(s) 10 20 2010 (b) Communication Title Higher
6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name Rob Engstrom
(b) Address (number and street) 1615 H Street NW
(c) City, State and ZIP Code Washington, DC 20062
(d) Name of Employer or Principal Place of Business U.S. Chamber of Commerce (e) Occupation Vice President

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 206,572.00

Under penalty of perjury, I certify that this statement is true, correct and complete.
TYPE OR PRINT NAME OF PERSON COMPLETING FORM Rob Engstrom
SIGNATURE [Signature] DATE 10/18/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control

A. (a) Name	
Rob Engstrom	
(b) Address (number and street)	
1615 H Street NW	
(c) City, State and ZIP Code	
Washington, DC 20062	
(d) Name of Employer or Principal Place of Business	(e) Occupation
U.S. Chamber of Commerce	Vice President
B. (a) Name	
Bill Miller	
(b) Address (number and street)	
1615 H Street NW	
(c) City, State and ZIP Code	
Washington, DC 20062	
(d) Name of Employer or Principal Place of Business	(e) Occupation
U.S. Chamber of Commerce	Senior Vice President
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee <u>DMM Media, LLC</u>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">10/15/2010</div>	
Mailing Address of Payee <u>3299 K Street NW Ste 200</u>				Amount <div style="border: 1px solid black; padding: 2px;">206,572.00</div>	
City <u>Washington DC</u>		State <u>DC</u>		Zip Code <u>20007</u>	
Name of Employer <u></u>		Occupation <u></u>		Communication Date <div style="border: 1px solid black; padding: 2px;">10/20/2010</div>	
Purpose of Disbursement (including title(s) of communication(s)) <u>"Higher" TV Spot</u>					
Name of Federal Candidate <u>Bill Owens</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>NY</u> District: <u>23</u>	
Name of Federal Candidate <u></u>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u></u> District: <u></u>	
Name of Federal Candidate <u></u>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u></u> District: <u></u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <u></u>					
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u></u>					
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u></u>					
B. Full Name (Last, First, Middle Initial) of Payee <u></u>					
Mailing Address of Payee <u></u>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"></div>	
City <u></u>				Amount <div style="border: 1px solid black; padding: 2px;"></div>	
State <u></u>		Zip Code <u></u>		Communication Date <div style="border: 1px solid black; padding: 2px;"></div>	
Name of Employer <u></u>		Occupation <u></u>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"></div>	
Purpose of Disbursement (including title(s) of communication(s)) <u></u>					
Name of Federal Candidate <u></u>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u></u> District: <u></u>	
Name of Federal Candidate <u></u>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u></u> District: <u></u>	
Name of Federal Candidate <u></u>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u></u> District: <u></u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u></u>					
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u></u>					
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u></u>					
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶					
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)					
<div style="border: 1px solid black; padding: 5px; display: inline-block;">206,572.00</div>					

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
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PREPARER

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